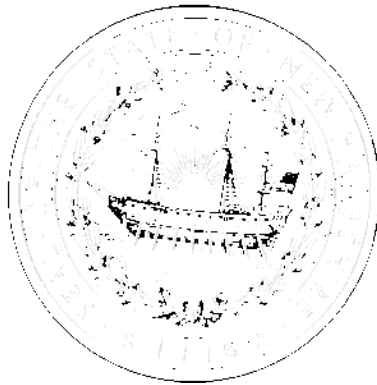


CHILD SUPPORT ORDER MODIFICATION KIT



Prepared by:
NH Department of Health and Human Services
Division of Child Support Services

INTRODUCTION

This modification kit was created to help people who are not lawyers (or choose not to hire a lawyer) ask the Court for a change in the amount of their child support order. The kit is for use in simple cases, where the only issue is the amount of the order. ***If your case is complicated, you should talk to a lawyer.*** (See the section called “What if I Need a Lawyer,” below.) The final decision about whether to change an order is decided by the court.

WHEN CAN A CHILD SUPPORT ORDER BE CHANGED?

A support order can only be changed ***if three years have passed since the date of the most recent order for support OR there has been a substantial change in circumstances*** that makes the original order unfair to one or both of the parties. For example, if the person paying support was not working when the order was issued and is now working, that would probably be a good reason to ask the Court to increase the amount of the order. On the other hand, if the person paying support was working when the order was made, but is now unemployed, that could be a good reason to ask the court to lower the support amount.

DO THE CHILD SUPPORT GUIDELINES APPLY TO MY CASE?

New Hampshire law requires that the NH Child Support Guidelines be used to determine the amount of the new order, unless there are unusual circumstances. You may want to review guideline requirements before you file your petition. It is possible that a new order based on the child support guidelines may be higher or lower than the existing order.

The Child Support Guidelines Table, which is used to calculate the amount of support, is available on the Division of Child Support Services (DCSS)’ Web site at: <http://www.dhhs.nh.gov/DHHS/DCSS>. A child support payment calculator tool and a printable version of the Guidelines Worksheet and Instructions (Form 650) are also available on the DCSS web site.

MEDICAL SUPPORT

New Hampshire law now requires any order where support is payable through DCSS include a “medical support” provision. “Medical support” means the obligation of either or both parents to provide health insurance to cover the dependent child(ren), if accessible and available at reasonable cost. “Accessible” means the primary care services are located within 50 miles or one hour from the child’s primary residence. “Reasonable cost” means that the medical support obligation does not exceed 4 percent of the parent’s individual gross income as calculated by Guidelines (see section immediately above).

If your current order does not include a medical support provision, the agreement or petition you file with the court must include a medical support provision.

WHAT ABOUT CUSTODY AND VISITATION ISSUES?

The form and instructions included in this modification kit are not designed to help either party change visitation or custody arrangements from those included in the original order. In such cases, you should discuss the issues with a lawyer and have a lawyer go to court with you.

WHAT IS INCLUDED IN THIS KIT?

This kit contains the following basic forms you will need to request a change in your support order when you and the other party do not agree to a change, or to file an agreement which changes the amount of support when you and the other party agree:

1. **PETITION TO CHANGE COURT ORDER.** This form is completed and filed to request the Court change the amount of your child support order.
2. **UNIFORM SUPPORT ORDER (USO).** This form is completed and filed when both parties agree that the current support order should be changed and also agree with the amount of the new support order. If the parties cannot agree, the requesting party must complete and file this form at the hearing. Once approved by the court, the new order will be issued to the parties with the new amount.
3. **CHILD SUPPORT GUIDELINES WORKSHEET.** This form is used to calculate the amount of child support that should be paid. In order to complete this form, you must refer to the NH Child Support Guideline Calculation Table, available at the Court Clerk's office or on-line at: <http://www.dhhs.nh.gov/DHHS/DCSS>.
4. **FINANCIAL AFFIDAVIT.** Both parties must complete this form to provide financial information to the court to assist in determining the correct amount of support.
5. **PERSONAL DATA SHEET.** This form must be completed by the party requesting the change in the support order, or by both parties if they are in agreement and filing a proposed USO.
6. **MOTION TO WAIVE FILING FEE.** If you cannot afford the filing fee, you must complete this form.

NOTE: Instructions for completing the Child Support Guidelines Worksheet and Financial Affidavit are included in this kit.

WHAT IF I NEED A LAWYER?

If you do not already have a lawyer, the Lawyer Referral Service of the New Hampshire Bar Association can help you find one and can provide information about reduced fee services. The telephone number for the Lawyer Referral Service is (603) 229-0002. Check the Bar Web site for further information at: www.nhbar.org.

HOW DO I PREPARE FOR COURT?

If you plan to represent yourself (choose not to hire a lawyer), some courts offer an informational session called SCOPE. At these sessions, an attorney and/or a Court staff member are present to discuss court procedure, legal terminology, forms, and what will take place at a hearing. They may be able to answer your questions and help you fill out forms or review forms that you may have already filled out. If your court offers SCOPE sessions, a schedule of their time and place will be available at the court.

WHAT DO I PROVIDE THE COURT TO REQUEST A CHANGE?

If both parties agree to a change in support, they must complete and file a *proposed* Uniform Support Order (USO). The USO must be submitted to the court with **current** Financial Affidavits for both parties, as well as a Child Support Guideline Worksheet. ***The USO will be subject to the Court's approval.*** Remember that the Court will only approve the order if it meets the child support guidelines, unless there is a good reason not to use the guidelines.

If both parties cannot agree to a change in the support order, the party requesting the change must petition the Court by filing a Petition to Change Court Order. The Court will schedule a hearing and both parties should be present, and as above, must provide the court with current Financial Affidavits.

NOTE: By Court Rule, Financial Affidavits must be exchanged by the parties at least 10 (ten) days prior to the hearing date to allow each party to review the other's financial affidavit.

1. If you are requesting a change in your support order and both parties ARE IN AGREEMENT, you must provide the Court with the following completed forms:
 - a. Original Uniform Support Order (USO), signed by both parties
 - b. Individual original, current Financial Affidavits, signed by both parties under oath before a Notary Public or Justice of the Peace
 - c. Signed Child Support Guidelines Worksheet
 - d. A Personal Data Sheet, signed by both parties
2. If you are requesting a change in your support order, and both parties are NOT IN AGREEMENT, you must provide the court with the following completed forms:
 - a. Original and two copies of a Petition To Change Court Order, signed under oath before a Notary Public or Justice of the Peace
 - b. Original, current Financial Affidavit, signed under oath before a Notary Public or Justice of the Peace
 - c. Signed Personal Data Sheet

In addition you must:

- d. Provide notice to the other party as directed by the Clerk of Court.
- e. Provide Financial Affidavit to other party at least 10 days before date of hearing.
- f. Pay a filing fee (check with the Clerk of Court for the amount) or submit a completed Motion to Waive Filing Fee if you cannot afford the fee.

NOTE: All agreements or petitions must be filed in the court that issued the original order, unless the court directs you otherwise.

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____

PETITION TO CHANGE COURT ORDER

1. Your Name _____
Date of Birth _____ E-mail Address (optional) _____
Residence Address _____
Mailing Address (if different) _____
Telephone Number (Home) _____ (Work) _____

2. Other Party's Name _____
Date of Birth _____ E-mail Address (optional) _____
Residence Address _____
Mailing Address (if different) _____
Telephone Number (Home) _____ (Work) _____

3. List minor children born to or adopted by the parties:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. What part of the court order(s) do you want the court to change? **(Check any that apply)**

The date of the most recent court order (if known): _____

☐ Child Support Only

☐ Child Support and Parenting Plan

☐ Legal Separation to Divorce

☐ Alimony

☐ Parenting Plan

☐ Other _____

5. What have you done to resolve matters before you filed this Petition To Change Court Order?

Case Name: _____

Case Number: _____

PETITION TO CHANGE COURT ORDER

6. What, specifically, do you want the court to order? **(Please attach additional page(s) if necessary)**

7. Why should the court change the current orders? **(List each reason separately.)**

8. Please check one of the following regarding public assistance.

- ☐ No public assistance (TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided, for any minor child of the parties.
- ☐ The N. H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (TANF) and/or medical assistance (Medicaid) for a minor child or children of the parties. If you check this box, you must mail copies of this petition and the Personal Data Sheet (NHJB-2077-FS) to DHHS at:

New Hampshire Department of Health and Human Services
Division of Child Support Services - Legal Unit
129 Pleasant Street
Concord, NH 03301

9. By filing this petition, you are asking that the Court:

- ☐ Change the current orders as stated above;
- ☐ Schedule a hearing;
- ☐ Other:

- ☐ Grant any other orders which may be appropriate.

Signature of Attorney (if any)

Signature of Party Filing Petition to Change Court Order

Date

Printed Name, Address, and Phone Number of Attorney

Subscribed and sworn to before me, at _____, State of _____ on _____
County Date

My Commission Expires _____

Signature of Notarial Officer

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

UNIFORM SUPPORT ORDER

Name, Residence and Mailing Address of Person
Ordered to Pay Support (Obligor)

D.O.B. _____ Telephone _____

E-mail Address _____

Name of Employer: _____

Address of Employer: _____

Name, Residence and Mailing Address of Person
Receiving Support (Obligee)

D.O.B. _____ Telephone _____

E-mail Address _____

Name of Employer: _____

Address of Employer: _____

Child(ren) to whom this order applies:

Full Name **Date of Birth**

Full Name **Date of Birth**

NOTE: SECTIONS PRECEDED BY ☐ ARE ONLY PART OF THIS ORDER IF MARKED.

1. This order is entered:

- ☐ after hearing
☐ upon approval of agreement
☐ upon default

2. This order is a:

- ☐ temporary order
☐ final order
☐ enforcement

☐ 3. This order modifies a final support obligation in accordance with:

☐ a three-year review (RSA 458-C:7) OR ☐ substantial change in circumstances, as

follows: _____

Case Name: _____

Case Number: _____

UNIFORM SUPPORT ORDER

4. Obligor is ORDERED to PAY THE FOLLOWING AMOUNTS:

- ☐ **CHILD SUPPORT:** \$_____ per _____ (week, month, etc.)
- ☐ Arrearage of \$_____ as of _____,
payable \$_____ per _____ (week, month, etc.)
- ☐ Medical arrearage of \$_____ as of _____,
payable \$_____ per _____ (week, month, etc.)
- ☐ **SPOUSAL SUPPORT (ALIMONY):** \$_____ per _____ (week, month, etc.)
- ☐ Arrearage of \$_____ as of _____,
payable \$_____ per _____ (week, month, etc.)
- ☐ Alimony shall terminate _____

5. Payments on all ordered amounts shall begin on _____. All ordered amounts shall be payable to ☐ Obligee ☐ Division of Child Support Services ☐ Other _____

6. ☐ This order complies with the child support guidelines. RSA 458-C.
- ☐ This order, entered upon obligor's default, is based on a reasonable estimate of obligor's income. Compliance with the guidelines cannot be determined.
- ☐ The following special circumstances warrant an adjustment from the guidelines: (see Instructions for these special circumstances and enter applicable circumstances below)
- _____

7. Support ordered is payable by immediate income assignment.

- ☐ 8. The Court finds that there is good cause to suspend the immediate income assignment because:
- ☐ Obligor and obligee have agreed in writing.
- ☐ Payments have been timely and it would be in the best interest of the minor child(ren) because: _____

☐ 9A. Obligor is unemployed and **MUST REPORT EFFORTS TO SEEK EMPLOYMENT.**
(See Standing Order 9).

☐ 9B. Upon employment the Obligor shall bring the matter forward for recalculation of support. Failure to do so may result in a recalculated support order effective the date of employment.

MEDICAL SUPPORT FINDINGS (Paragraphs 10 through 15)

10. **OBLIGOR'S** reasonable cost is calculated to be \$_____ per _____ (week, month, etc.) **(See Standing Order 10)**

11. Health insurance coverage ☐ is not ☐ is available to the **OBLIGOR** at \$_____ per _____ (week, month, etc.) which amount ☐ is not ☐ is deemed to be reasonable.

12. ☐ Health insurance coverage available to the **OBLIGOR** is not accessible to the child(ren).

Case Name: _____

Case Number: _____

UNIFORM SUPPORT ORDER

13. **OBLIGEE'S** reasonable cost is calculated to be \$_____per _____(week, month, etc.)
14. Health insurance coverage ☐ is not ☐ is available to the **OBLIGEE** at \$_____ per _____
(week, month, etc.) which amount ☐ is not ☐ is deemed to be reasonable.
15. ☐ Health insurance coverage available to the **OBLIGEE** is not accessible to the child(ren).

MEDICAL SUPPORT OBLIGATION (Paragraph 16A and/or 16B must be completed):

- 16A. ☐ Obligor ☐ Obligee is ordered to provide health insurance coverage for the child(ren)
effective _____(See Standing Order 16A)
- 16B. ☐ Obligor ☐ Obligee is/are not ordered to provide health insurance coverage at this time
but is/are ordered to immediately obtain health insurance coverage when it becomes
accessible and available at reasonable cost.
17. Uninsured medical expenses shall be paid in the following percentage amounts:
Obligor _____% Obligee _____% Other _____%.
- ☐ 18. Public assistance (TANF) or medical assistance (Medicaid) is or was provided for the children.
Copies of pleadings related to medical coverage and child support were mailed to the Division
of Child Support Services, Child Support Legal, 129 Pleasant Street, Concord, NH 03301.
19. ☐ Obligor ☐ Obligee is adjudicated the father of the minor child(ren) named above. The clerk
of the city(ies) of _____ shall enter the name of the father on
the birth certificate(s) of the child(ren). The father's date of birth is _____ and
his state of birth is _____.
20. The State of _____ has provided \$_____ in public assistance for the
benefit of the minor child(ren) between _____ and _____
for _____ weeks. Obligor is indebted for the assistance in the total amount of \$_____
21. Variation to standing order (specify paragraph #), additional agreement or order of the Court:

Obligor

Obligee

Staff Attorney
Division of Child Support Services

Obligor's Attorney/Witness

Obligee's Attorney/Witness

Date

Date

Date

Case Name: _____

Case Number: _____

UNIFORM SUPPORT ORDER

All paragraphs of this order (except those that have a check box and have not been selected) and all paragraphs of the Standing Order, (except variations in paragraph 21) are part of this order and apply to all parties.

Recommended:

Name of Marital Master/Referee

Date

Signature of Marital Master/Referee

So Ordered:

Name of Judge

Date

Signature of Judge

**THE STATE OF NEW HAMPSHIRE
UNIFORM SUPPORT ORDER — STANDING ORDER**

NOTICE: This Standing Order (SO) is a part of all Uniform Support Orders (USO) and shall be given full effect as an order of the Court. Variations to paragraphs of the SO in a specific case must be entered in paragraph 21 of the USO and approved by the Court.

(Paragraph numbers in the SO correspond to related paragraph numbers in the USO. Variations entered in paragraph 21 should reference the related paragraph number.)

SUPPORT PAYMENT TERMS

- SO-3A. All prior orders not inconsistent with this order remain in full force and effect.
- SO-3B. This order shall be subject to review and modification three years from its effective date upon the request of a party. Any party may petition the Court at any time for a modification of this support order if there is a substantial change in circumstances. Except as otherwise provided, the effective date of any modification shall be no earlier than the date of notice to the other party.
- SO-4A. An obligation for child support terminates when a child terminates his/her high school education or reaches the age of 18 years, whichever is later, or gets married, or becomes a member of the armed services.
- SO-4B. The amount of child support may be recalculated according to the guidelines whenever there is a change in the number of children for whom support is ordered, upon petition of any party.
- SO-4C. In cases payable through the New Hampshire Division of Child Support Services (DCSS), if there are arrearages when support for a child is terminated, payments on the arrearages shall increase by the amount of any reduction of child support until the arrearages are paid in full.
- SO-4D. Pursuant to RSA 161-C:22, III when an assignment of support rights has terminated and obligor and the recipient of public assistance reunite, obligor may request a suspension of the collection of support arrearage owed to the state under RSA 161-C:4. So long as the family remains reunited and provided that the adjusted gross income of the family as defined by RSA 458-C is equal to or less than 185% of the Federal poverty guidelines as set by the United States Department of Health and Human Services, DCSS shall not take any action to collect the support arrearage owed to the State.
- SO-4E. If the collection of a support arrearage pursuant to RSA 161-C:4 is suspended, the obligor shall provide DCSS with a financial affidavit every six months evidencing the income of the reunited family and shall notify his or her child support worker in writing within ten days of any change in income or if the family is no longer reunited. Failure to report changes in income or in the status of the family as reunited or to provide a financial affidavit shall cause the suspension of collection to terminate.
- SO-4F. **Each party shall inform the Court in writing of any change in address, within 15 days of the change,** so long as this order is in effect. Service of notice of any proceeding related to this order shall be sufficient if made on a party at the last address on file with the Court. A party who fails to keep the Court informed of such a change in address, and who then fails to attend a hearing because of the lack of notice, may be subject to arrest.
- SO-5A. If no date appears in paragraph 5 of the USO, the first support payment shall be due on the date this order is signed by the Judge.

Case Name: _____

Case Number: _____

UNIFORM SUPPORT ORDER

- SO-5B. If support is payable through DCSS, DCSS is authorized and directed to collect all sums, including any arrearages, from the obligor and forward the sums collected to the obligee or person, department, or agency providing support to the children named in the USO. Any payment shall be applied first as payment towards the current child and medical support obligation due that month and second towards any arrearages.
- SO-5C. If support is ordered payable directly to the obligee, it can only be made payable through DCSS at a later time if (1) the children named in the USO receive assistance pursuant to RSA 161 or RSA 167; (2) a party applies for support enforcement services and certifies to DCSS that (a) an arrearage has accumulated to an amount equal to the support obligation for one month, or (b) a court has issued a protective order pursuant to RSA 173-B or RSA 461-A:10 which remains in full force and effect at the time of application; or (3) a court orders payment through DCSS upon motion of any party that it is in the best interest of the child, obligee, or obligor to do so. RSA 161-B:4.
- SO-5D. Collection by DCSS on any arrearage may include intercepting the obligor's federal tax refund, placing liens on the obligor's personal and real property including qualifying financial accounts. Federal tax refund intercept and lien remedies shall be used to collect arrearages even if an obligor is complying with the child support orders. Pursuant to 45 CFR 303.72 (h) any federal tax refund intercept shall be applied first as payment towards the past due support assigned to the State.
- SO-5E. In all cases where child support is payable through DCSS, obligor and obligee shall inform DCSS in writing of any change of address or change of name and address of employer, within 15 days of the change.
- SO-5F. In all cases where child support is payable through DCSS, obligor and obligee shall furnish their social security numbers to the New Hampshire Department of Health and Human Services (Department).

INCOME ASSIGNMENT

- SO-7A. Until such time as an income assignment goes into effect, payments shall be made as follows: (1) if the case is not payable through DCSS, directly to obligee, or (2) if support is payable through the DCSS by use of payment coupons available at the local DCSS office. An income assignment will not go into effect for self-employed obligors as long as they do not receive income as defined in RSA 458-B:1, paragraph IX. Future income will be subject to assignment if the case is payable through DCSS.
- SO-7B. If a parent is ordered to provide health coverage for Medicaid-eligible child(ren), he or she must use payments received for health care services to reimburse the appropriate party, otherwise his or her income may be subject to income assignment by DCSS. RSA 161-H:2(V).
- SO-7C. Increased income assignment for the purposes of payment on arrearages shall continue until such time as the arrearages are paid in full.
- SO-8. Whenever an income assignment is suspended, it may be instituted if a Court finds obligor in violation or contempt of this order OR after notice and the opportunity to be heard (RSA 458-B:5 & 7), when the Department begins paying public assistance for the benefit of a child OR when an arrearage amounting to the support due for a one-month period has accrued.

REPORT CHANGES OF EMPLOYMENT

- SO-9A. If support is payable through DCSS, obligor shall report **in writing** weekly, or as otherwise ordered by Court, to DCSS, and shall provide details of efforts made to find a job. Efforts to obtain employment shall include registering with New Hampshire Employment Security within two weeks of the date of this order. The obligor shall immediately report employment to DCSS **in writing**.
- SO-9B. Immediately upon employment the obligor shall report to the obligee, **in writing**, details of employment, including name and address of employer, the starting date, number of weekly hours and the rate of pay.

MEDICAL SUPPORT PROVISION

- SO-10-16B. In all cases where support is payable through DCSS, or where the Department is providing medical assistance for the child(ren) pursuant to RSA 167, the court shall include the medical support obligation in any child support order issued. RSA 461-A:14, IX(d). Health insurance shall be available at a reasonable cost if the cost of such insurance does not exceed 4 percent of the responsible parent's individual gross income under RSA 458-C:2, VI-a. RSA 461-A:14, IX(b).
- SO-12. Accessible health insurance means the primary care services are located within 50 miles or one hour from the child(ren)'s primary residence. RSA 461-A:14, IX(b).
- SO-16A. A party providing or ordered to provide health insurance for the child(ren) shall give the other party sufficient information and documentation to make sure insurance coverage is effective. If support is payable through DCSS, or if there has been an assignment of medical support rights to DCSS, the information and documentation shall be provided to DCSS. In addition, obligor shall inform DCSS in writing when health insurance is available, obtained or discontinued.

Child Support Guidelines Worksheet

Court: _____

Docket No. _____

In the matter of: _____ and _____

Child's Name	DOB	Child's Name	DOB
1. Total Number Of Children		2. Child Support Guidelines Percent (1 child-25%; 2 children-33%; 3 children-40%; 4 or more children-45%)	%
3. Obligor's Medical Support Reasonable Cost <small>(4% of Obligor's Monthly Gross Income, rounded to nearest dollar)</small>		4. Obligee's Medical Support Reasonable Cost <small>(4% of Obligee's Monthly Gross Income, rounded to nearest dollar)</small>	
PAYMENT CALCULATIONS <small>Note: All income and expenses must be converted to monthly amounts (multiply weekly amounts by 4.33; bi-weekly amounts by 2.17).</small>		OBLIGOR (Column 1)	OBLIGEE (Column 2)
		COMBINED (Column 3)	
5. Monthly gross income			
6A. Court/Admin. ordered support for other children			
6B. 50% of actual self-employment taxes paid			
6C. Mandatory retirement			
6D. Actual state income taxes paid			
6E. Allowable child care expenses (obligor) <small>(The maximum allowable monthly child care expense is \$416.66 for one child, \$750.00 for two children, and \$1,000.00 for three or more children.)</small>			
6F. Medical support for children (obligor)			
6G. Total deductions <small>(Add lines 6A through 6F)</small>			
7. Adjusted monthly gross income <small>(Subtract line 6G from line 5)</small>			
8. Child support guideline amount <small>(From Guideline Calculation Table - see instructions on back)</small>			
9A. Allowable child care expenses (obligee) <small>(The maximum allowable monthly child care expense is \$416.66 for one child, \$750.00 for two children, and \$1,000.00 for three or more children.)</small>			
9B. Medical support for children (obligee)			
9C. Total allowable obligee expenses <small>(Add line 9A and 9B)</small>			
10. Total adjusted monthly gross income			
11. Proportional share of income <small>(With child care/health insurance adjustment)</small>			
12. Parental support obligation <small>(Line 11 times line 8)</small>			
ABILITY TO PAY CALCULATION			
13. Self-support reserve			
14. Income available for support <small>(Subtract line 13 from line 10, column 1)</small>			
15. Monthly support payable <small>(Enter the smaller of line 12, column 1 or line 14, column 1. If line 14, column 1 is less than \$50.00, then a minimum order of \$50.00 is entered.)</small>			
16. Child support order <small>(If weekly, divide line 15 by 4.33; if bi-weekly, divide line 15 by 2.17; if monthly, enter same amount as in line 15.)</small>	\$	Frequency (circle one): Weekly Bi-Weekly Monthly	

Prepared by: _____

Title: _____

Date: _____

CHILD SUPPORT GUIDELINES WORKSHEET INSTRUCTIONS

- TOP OF FORM Enter the Court, Docket Number, the names of the petitioner and respondent, and the names and dates of birth of the children.
- LINE 1 Enter the total number of children.
- LINE 2 Enter the Child Support Guideline percentage for the number of children indicated on LINE 1 (25% - one child; 33% - two children; 40% - three children; 45% - four or more children).
- LINE 3 Enter the obligor's medical support reasonable cost (to determine obligor's medical support reasonable cost, multiply obligor's monthly gross income by .04 and round up).
- LINE 4 Enter the obligee's medical support reasonable cost (to determine obligee's medical support reasonable cost, multiply obligee's monthly gross income by .04 and round up).
- LINE 5 In Columns 1 and 2, enter the total monthly gross income for each parent. **The obligor is the person who will pay child support. The obligee is the person who will receive child support.** Monthly gross income includes all income from any source, whether earned or unearned, including but not limited to, wages, salary, commissions, tips, annuities, Social Security benefits, trust income, lottery or gambling winnings, interest, dividends, investment income, net rental income, self-employment income, alimony, business profits, pension, bonuses and payments from other government programs (excluding public assistance programs such as Temporary Assistance for Needy Families (TANF), Aid to the Permanently and Totally Disabled (APTD), Supplemental Security Income (SSI), Old Age Assistance (OAA), Aid to the Needy Blind (ANB), Food Stamps and general assistance from a county or town); including, but not limited to, worker's compensation, veterans' benefits, unemployment benefits, and disability benefits, provided, however, that no income earned at an hourly rate for hours worked, on an occasional or seasonal basis, in excess of 40 hours in any week shall be considered as income for the purpose of determining gross income, and provided further that such hourly rate income is earned for actual overtime labor performed by an employee who earns wages at an hourly rate in a trade or industry which traditionally or commonly pays overtime wages, thus excluding professionals, business owners, business partners, self-employed individuals and others who may exercise sufficient control over their income so as to re-characterize payment to themselves to include overtime wages in addition to salary. *(NOTE: To compute Monthly Gross Income from weekly income, multiply the weekly amount by 4.33; from bi-weekly income, multiply the bi-weekly income by 2.17.)*
- LINE 6A Enter any court-ordered or administratively-ordered support for children or adults *not* subject to this order actually paid by the Obligor (in Column 1) and/or the Obligee (in Column 2).
- LINE 6B Enter 50% of the actual amount of self-employment tax paid by the Obligor (in Column 1) and/or the Obligee (in Column 2).
- LINE 6C Enter any mandatory, not discretionary, retirement contributions paid by the Obligor (in Column 1) and by the Obligee (in Column 2). *NOTE: Only payments which are required by the employer can be deducted.*
- LINE 6D Enter any actual state income taxes paid by the Obligor (in Column 1) and the Obligee (in Column 2).
- LINE 6E Enter any allowable work-related child care expenses paid by the Obligor in Column 1. Allowable child care expenses means actual work-related child care expenses for the children to whom the order applies. The maximum allowable monthly child care expense is \$416.66 for one child, \$750.00 for two children, and \$1,000.00 for three or more children.
- LINE 6F Enter the actual amount paid by the Obligor for medical insurance coverage for the children to whom the order applies in Column 1.
- LINE 6G Enter the total allowable deductions for the Obligor (in Column 1) and for the Obligee (in Column 2). *NOTE: The Obligor's total allowable deductions equal the sum of LINES 6A, Column 1 – 6F, Column 1. The Obligee's total allowable deductions equal the sum of LINES 6A, Column 2 – 6F, Column 2.*
- LINE 7 Subtract LINE 6G, Column 1, from LINE 5, Column 1, and enter the result in Column 1. Subtract LINE 6G, Column 2, from LINE 5, Column 2, and enter the result in Column 2. Add Column 1 and Column 2, and enter the result in Column 3.
- LINE 8 From the Child Support Guideline Calculation Table, find the row containing the Obligor's and Obligee's Combined Adjusted Monthly Gross Income. Where this row intersects the Column for the number of children in the order is the appropriate child support guideline amount. Enter this amount in Column 3.
- LINE 9A Enter any allowable work-related child care expenses paid by the Obligee in Column 2. Allowable child care expenses means actual work-related child care expenses for the children to whom the order applies. The maximum allowable monthly child care expense is \$416.66 for one child, \$750.00 for two children, and \$1,000.00 for three or more children.
- LINE 9B Enter the actual amount paid by the Obligee for medical insurance coverage for the children to whom the order applies in Column 2.
- LINE 9C Enter the sum of LINE 9A, Column 2 and LINE 9B, Column 2.
- LINE 10 Enter the amount in LINE 7, Column 1, in Column 1. Subtract LINE 9C, Column 2, from LINE 7, Column 2, and enter the result in Column 2. Add Column 1 and Column 2, and enter the result in Column 3.
- LINE 11 Divide LINE 10, Column 1, by LINE 8, Column 3 and enter the result in Column 1. Divide LINE 10, Column 2, by LINE 8, Column 3 and enter the result in Column 2.
- LINE 12 Multiply LINE 11, Column 1, times LINE 8, Column 3 and enter the result in Column 1. Multiply LINE 11, Column 2, times LINE 8, Column 3, and enter the result in Column 2.
- LINE 13 Enter the self-support reserve amount (poverty level for a household of one) as published at the top of each page of the Child Support Guideline Calculation Table.
- LINE 14 Subtract LINE 13, Column 1 from LINE 10, Column 1 and enter the result in Column 1.
- LINE 15 Enter the smaller of LINE 12, Column 1, or LINE 14, Column 1. **If LINE 14, Column 1, is less than \$50.00, enter \$50.00 in Column 1.**
- LINE 16 Enter the appropriate order amount in Column 1. For weekly orders, divide LINE 15 by 4.33 and enter the result in Column 1. For bi-weekly orders, divide LINE 15 by 2.17 and enter the result in Column 1. For monthly orders, enter the amount in LINE 15. **ROUND THE RESULT TO THE NEAREST WHOLE DOLLAR**, and circle the appropriate frequency. **The amount entered in Column 1 must not be lower than \$50.00 per month.**

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

FINANCIAL AFFIDAVIT

<p>1. General Information</p> <p>Name _____</p> <p>Street Address _____</p> <p>Town/City, State, Zip _____</p> <p>Mailing Address, if different _____</p> <p>Date of Birth _____</p> <p>Social Security Number _____</p> <p>Highest Grade or Degree Completed _____</p> <p>Date of Marriage _____</p> <p>Date of Separation or Divorce _____</p> <p>2. Children born to, or adopted by, the Parties (Full Name, DOB, and SSN)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. Employment Information</p> <p>Name, Address, and Phone Number of Employer _____</p> <p>_____</p> <p>_____</p> <p>Date and Place of Last Employment</p> <p>_____</p> <p>_____</p> <p>Job Skills</p> <p>_____</p> <p>_____</p>	<p>4. Monthly Income - Miscellaneous</p> <p>AFDC, TANF, and Food Stamps \$ _____</p> <p>Other Public Assistance \$ _____</p> <p>Children's Income \$ _____</p> <p>Child Support \$ _____</p> <p>5. Monthly Income Before Taxes</p> <p>Base Pay from Salary, Wages \$ _____</p> <p>Overtime and Shift Differential \$ _____</p> <p>Commissions, Tips, Bonuses \$ _____</p> <p>Part-time Employment \$ _____</p> <p>Self-employment \$ _____</p> <p>Unemployment and Veteran's Benefits \$ _____</p> <p>Disability, Workers' Compensation \$ _____</p> <p>Pension and Retirement Benefits \$ _____</p> <p>Social Security Benefits (SSA) \$ _____</p> <p>Interest and Dividends \$ _____</p> <p>Trust and Other Investment Income \$ _____</p> <p>Rental Income and Business Profits \$ _____</p> <p>All other sources \$ _____</p> <p>_____ \$ _____</p> <p>Total Section 5 Monthly Income \$ _____</p> <p>6. Monthly Expenses</p> <p>Court Ordered Support for Others \$ _____</p> <p>State Income Taxes \$ _____</p> <p>Mandatory Pension \$ _____</p> <p>Health Insurance for Parties' Children \$ _____</p> <p>Day Care for Parties' Children \$ _____</p> <p>Total Section 6 Monthly Expenses \$ _____</p>
---	---

7. Assets	<i>Fair Market Value</i>	<i>Related Debt</i>	<i>Additional Information</i>
Homestead	\$ _____	\$ _____	_____
Other Real Estate	\$ _____	\$ _____	_____
Primary Motor Vehicle	\$ _____	\$ _____	_____
Other Motor Vehicles	\$ _____	\$ _____	_____
Furniture and Appliances	\$ _____	\$ _____	_____
Checking Accounts	\$ _____	\$ _____	_____
Investments	\$ _____	\$ _____	_____
Life Insurance	\$ _____	\$ _____	_____
Business Interests	\$ _____	\$ _____	_____

Case Name: _____

Case Number: _____

FINANCIAL AFFIDAVIT

Pensions \$ _____ \$ _____

Retirement Accounts \$ _____ \$ _____

8. Additional Assets - If you have an interest in any property which is held solely by or jointly with any other person or entity, and which has not already been disclosed, or if you are owed money from any source, please explain

9. Tax Return Information

Year of last return filed _____

Single or joint return _____

My Total W-2s and 1099s = \$ _____

☐ If Self-employed, check here and attach copy of most recent IRS Schedule C.

10. Insurance

Life

Company _____

Type and Face Amount _____

Beneficiaries _____

Health

Company _____

Type _____

Description of Coverage

Dental

Company _____

Description of Coverage

14. Additional Information

I swear (affirm) that:

A. To the best of my knowledge and belief, I have fully disclosed all income and all assets having any substantial value; and

B. I have reasonably estimated the fair market value of each asset; and

C. I understand that I have a duty to update the information provided in this financial affidavit for each court hearing; and

D. I understand that if a support order is issued in this case obligating me to pay support, it shall be my responsibility to immediately provide the Court with any change of address in writing. If I fail to do so, I may be held in default, found in contempt of court and a warrant may be issued for my arrest. (See USO Standing Order SO-4C.)

Date

Signature

State of _____, County of _____

The person signing this financial affidavit appeared and signed this before me and took oath that the statements set forth in this Financial Affidavit, together with any attachments listed in section 13 above, are true to the best of his or her knowledge and belief.

This instrument was acknowledged before me on _____ by _____

My commission expires: _____

Affix seal, if any

Signature of Notarial Officer / Title

I certify that a copy of this financial affidavit (and any attachments) was this day mailed / given to (lawyer for other side, if any) (other side, if no lawyer) (OCSE, if State is a party): _____

Date

Signature

Case Name: _____

Case Number: _____

FINANCIAL AFFIDAVIT

NOTE: Round all numbers to the nearest dollar. To convert weekly expenses to monthly, multiply by 4.33.

1. Housing		6. General and Personal	
Rent	\$ _____	Groceries	\$ _____
Mortgage Payment	\$ _____	Meals Eaten Out	\$ _____
Property Tax	\$ _____	Tobacco/Alcohol Products	\$ _____
Condo Fee	\$ _____	Clothing and Shoes	\$ _____
Home Maintenance	\$ _____	Hair Care	\$ _____
Snow Removal and Lawn Care	\$ _____	Toiletries and Cosmetics	\$ _____
_____	\$ _____	Pet Food and Care	\$ _____
2. Utilities		Church and Charities	\$ _____
Heating Oil	\$ _____	Laundry and Dry Cleaning	\$ _____
Wood and Coal	\$ _____	Gifts	\$ _____
Propane and Natural Gas	\$ _____	Newspapers and Magazines	\$ _____
Telephone	\$ _____	Education (personal)	\$ _____
Electricity	\$ _____	Dues and Memberships	\$ _____
Cable Television	\$ _____	Vacations	\$ _____
Water and Sewer	\$ _____	Entertainment and Recreation	\$ _____
Trash Collection	\$ _____	Visitation Expenses	\$ _____
_____	\$ _____	_____	\$ _____
3. Insurance		7. Children's Expenses and Activities	
Homeowner	\$ _____	Children's Clothing and Shoes	\$ _____
Renter	\$ _____	Diapers	\$ _____
Vehicle	\$ _____	Day Care	\$ _____
Health	\$ _____	School Supplies	\$ _____
Dental	\$ _____	School Lunches	\$ _____
Life	\$ _____	Tuition and Lessons	\$ _____
Disability	\$ _____	Sports and Camp	\$ _____
4. Uninsured Health Care		_____	\$ _____
Medical	\$ _____	8. Financial	
Dental	\$ _____	Federal Income Tax	\$ _____
Orthodontics	\$ _____	Social Security and Medicare	\$ _____
Eye Care/Glasses/Contacts	\$ _____	Loan Payments	\$ _____
Prescription Drugs	\$ _____	Other Debts	\$ _____
Therapy and Counseling	\$ _____	Savings	\$ _____
_____	\$ _____	401(k)	\$ _____
5. Transportation		IRA	\$ _____
Primary Vehicle Payment	\$ _____	Other Retirement Plans	\$ _____
Other Vehicle Payments	\$ _____	_____	\$ _____
Vehicle Maintenance	\$ _____	_____	\$ _____
Gas and Oil	\$ _____	9. Other Expenses	
Registration and Tax	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		TOTAL MONTHLY EXPENSES	\$ _____

Case Name: _____

Case Number: _____

FINANCIAL AFFIDAVIT

THE STATE OF NEW HAMPSHIRE

General Instructions for Completing the Financial Affidavit Form NHJB-2065-F

- A. When this form is needed - You must fill out and file this form with the Court.
- If you are the petitioner or respondent in a divorce, legal separation, or civil union dissolution case.
If you are the petitioner or respondent in an after-divorce, custody/parenting, child support, or paternity case.
If either side is requesting child support or alimony or a change in an existing support or alimony order.
If a person's ability to pay an obligation is an issue.
Any other time that the Court may require.
- B. If you need more space for any answer, either add an attachment and note it at section 13, or use section 14.
When using section 14, put in the number of the answer needing more space, and then the information.
- C. The importance of the oath - This form must be sworn to under oath and signed before a Notary Public or N.H. Justice of the Peace. All information must be true, accurate, and complete, to the best of your knowledge and belief, under the pains and penalties of perjury.
- D. Monthly Expenses form - You must always fill out and attach the Monthly Expenses form **in the following cases**.
- If child support is an issue and either side claims that the Child Support Guidelines should not apply.
 - If either side is requesting alimony or payment of college expenses.
 - If you and the other side do not agree how to divide your debts.
 - If either side requests it.
 - If the Court requires it.
- It is not required in *other* cases, if both sides agree by checking the box in section 13, or if the Office of Child Support Enforcement (OCSE) does not request it and the Court approves.
- E. Duty to Update - You must fill out and file a new Financial Affidavit for every hearing.
- F. Use of Forms - You may use the Financial Affidavit and Monthly Expenses forms provided by the Court or your own forms, as long as the format and content are identical to the Court version. You may design other attachments as you see fit.
- G. Child Support - If child support is an issue, read the Uniform Support Order and its Instructions.

Specific Instructions for Numbered Sections of the Financial Affidavit Form

1. General Information - *Street Address* means your complete residence address. If you have filed a Domestic Violence Petition, or if there are restraining orders, you do *not* have to give your address. The last two lines in section 1 apply only to divorce and post-divorce cases.
2. Children of the Parties - Fill in the first and last name, with middle initial, if any, for each child. Give date of birth and Social Security Number.
3. Employment Information - Fill in name, address and phone number of current employer. List date and place of last employment. List job skills.
4. Monthly Income - Miscellaneous - List all public assistance income, including AFDC, TANF, food stamps, SSI, APTD, and general assistance from town or county. If your dependent children receive income from employment, investments, or other sources, list it here. This income is *excluded* when calculating child support.
5. Monthly Income - Before Taxes- List *all* income, except from those sources specified in section 4. If you are paid weekly, multiply the weekly amount by 4.33 to get monthly. If you are paid every 2 weeks, multiply the weekly amount by 2.17 to get monthly. If income is occasional or irregular, fill in the average amount.
6. Monthly Expenses - *Support for Others* means child support or alimony you are paying under court order for children other than the children of the parties, or for alimony for another ex-spouse. *Health Insurance* means the actual amount paid for medical insurance coverage for the children of the parties.

Case Name: _____

Case Number: _____

FINANCIAL AFFIDAVIT

7/8. Asset Information - You must list all of your assets in these sections. In section 7, the first column is for your good-faith estimate of the total fair market value of assets in each category. *Fair Market Value* is what you could sell an asset for, *not* the purchase price or replacement cost. It is not necessary to have every asset appraised. However, you must consider all factors known to you when stating values. The second column is to list any debts that are owed against the asset, such as a mortgage or a vehicle loan. You may put any additional information in the third column.

Motor Vehicles means cars, trucks, motorcycles, airplanes, boats, snowmobiles and the like.

Investments means savings accounts, certificates of deposit, stocks, savings bonds, other bonds, money market accounts, and the like.

Life insurance means the *cash value* of any life insurance policy that you own or have an interest in.

Pension means a defined benefit retirement plan. What you receive is based on years of service and pay.

Retirement Account means a defined contribution plan or other retirement account in your name. Examples are: 401(k) plans, thrift/savings plans, Keoghs, IRAs.

The extra lines are for other categories of assets that are not listed on the form, or for providing more details on listed assets. You must list *all* assets. Assets include, but are not limited to, the following:

Any asset in which you have an interest, but that is being held in the name of someone else. For example, if a relative is holding money or an asset that you own, or can get back under any circumstances, you must include it.

Any assets that are owned partly by you and partly by someone else, such as a jointly owned bank account, motorcycle, or piece of real estate.

Any asset of substantial value that you either gave away or sold for less than fair market value, within 6 months of the date of the Financial Affidavit.

Any debt that anyone owes you, whether or not repayment is expected or likely.

9. Tax Return Information - Total W-2s and 1099s refer to those tax forms from work done by you and from assets in your name. Do *not* include those that result from your spouse's income.

10. Insurance - List all insurance coverage you have. *Description* means any deductibles and co-pays.

11. Debts - List all debts in your name or joint names. *Debt* means loans, credit cards, past due bills, and the like. For each debt, list the name of the person or business you owe the debt to, whether the debt is in your name or in joint names, and the amount currently owed.

12. Pension and Retirement Accounts - Name you retirement plans or accounts. On the second line, note if your retirement account is a 401(k) plan, profit-sharing plan, defined benefit plan, or other specific type of plan. A defined benefit plan is one where what you receive is based upon years of service and pay. *Value at filing* refers to the value of your retirement plan at the time the divorce was filed, and needs to be filled in only in divorce cases.

13. List of Attachments - Check off which forms and documents you are attaching to your Financial Affidavit. If the attachment is not listed, check off *other* and write in what it is.

14. Additional Information - Use this space to provide information that will not fit in prior sections and to provide additional information that you wish the Court to consider.

Certification of Copies - You must give a copy of your Financial Affidavit with all attachments to the other side. The *other side* means the lawyer representing your spouse, ex-spouse, or the other parent. If he or she does not have a lawyer, give it to your spouse, ex-spouse, or the other parent. If the State is a party, also give a copy to Office of Child Support Enforcement (OCSE). Write in the names of each person you have given a copy to.

Monthly Expenses - Section D above explains who must complete the Monthly Expenses form.

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

PERSONAL DATA SHEET

1. Name of person(s) completing this form _____

☐ (Check if applicable) Because I believe that my safety, or the safety of my children is at risk, I request that the information contained in this Personal Data Sheet not be disclosed to the other party. The reasons are: _____

2. Type of case filed today:

☐ Petition for Divorce ☐ Petition for Legal Separation ☐ Joint Petition for Legal Separation
☐ Joint Petition for Divorce ☐ Domestic Violence Petition
☐ Petition for Civil Union Dissolution ☐ Parenting Petition
☐ Joint Petition for Civil Union Dissolution ☐ Paternity/Legitimation
☐ Petition to Change Court Order/Modification ☐ Other: _____

3. Name of Petitioner _____ Date of Birth _____

State of Birth _____ Social Security Number _____

Residence Address _____

Mailing Address (if different) _____

Phone number (home) _____ (work) _____

E-mail Address _____

Employer's Name and Address _____

4. Name of Respondent _____ Date of Birth _____

State of Birth _____ Social Security Number _____

Residence Address _____

Mailing Address (if different) _____

Phone number (home) _____ (work) _____

E-mail Address _____

Employer's Name and Address _____

5. Child(ren)'s Full Name(s) Date of Birth Social Security # State of Birth

Date

Signature

Date

Signature (if joint petition)

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

MOTION TO WAIVE FILING FEE

I, _____, the petitioner/respondent
In the above-entitled matter, hereby request that the Court waive the filing fee for this matter. I have
attached a financial affidavit, signed under oath, outlining my financial status.

In support of this motion, it is stated as follows:

Wherefore, for the above stated reasons, it is respectfully requested that this Court waive the filing
fee in the case.

Date Signature

ORDER

☐ Motion to waive filing fee is GRANTED; Sheriff's fee and costs are NOT waived.

☐ Motion to waive fee is DENIED.

☐ It is further ordered that: _____

Recommended:

Date Signature of Marital Master

Printed Name of Marital Master

So Ordered:

Date Signature of Judge

Printed Name of Judge

